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BEFORE THE

FEDERAL COMMUNICATIONS COMMISSION

WASHINGTON, D.C. 20554

In the Matter of,

Request for Waiver for South Georgia Medical Center Consortium

Rural Health Care Program

Funding Year 2018
Form 461 Application Number 100028014
Funding Request Number ("FRN") 18435191

WC DOCKET NO. 02-60

Request for Waiver

WAIVER:

Pursuant to Section 54.645(b) of the Title 47 of the Code of Federal Regulations ("47 CFR"), South Georgia Medical Center Consortium, files this Request for Waiver ("Request") to waive the regulatory deadline for submitting an FCC Form 463. The FCC Form 463 (Invoice and Request for Disbursement Form) must be submitted by the applicant to USAC, after approval by the service provider, within six months (180 days) of the end date of the funding commitment. ¹

¹ See 47 C.F.R. § 54.645(b).

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Background

South Georgia Medical Center Consortium (SGMC) is a consortium with rural and urban members in the state of Georgia. The services include acute care, hospital inpatient and outpatient general surgery, emergency room, obstetrics, rehabilitation, primary care, orthopedic surgery, and the related ancillary procedures.

South Georgia Medical Center Consortium received the Funding Commitment Letter, for FRN 18435191 (Exhibit A), on 5/29/2019. The funding was for the period from 7/1/18 through 9/25/18. Pursuant to Section 54.645(b) of 47 CFR, the invoicing deadline, as noted on the FCLs, was 3/25/19. This made it impossible for the HCP to file a 463 form for funding since the deadline was about two months prior to the approval date of the FCL.

Conclusion

South Georgia Medical Center Consortium respectfully requests that, for the above reasons, the Commission waive the 180-day Rule and provide a one-time extension for filing service provider approved invoices for funding. The Commission has granted such an extension in the past.2

Respectfully Submitted,
Geoff Boggs, USF Healthcare Consulting

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Geoff Boggs President PO Box 326 Prospect, KY 40059 Gboggs@uasave.com (502) 228-1907

Consultant for South Georgia Medical Center Consortium (Exhibit B).

Exhibit A



Elizabeth Goodknight <egoodknight@uasave.com>

Rural Health Care HCF Funding Commitment Letter (FCL): HCP 42093, FRN

1 message

rhcadmin@usac.org <rhcadmin@usac.org>

Wed, May 29, 2019 at 12:37 PM

To: egoodknight@uasave.com

Funding Commitment Letter Date: 5/29/2019 Invoicing Deadline: 3/25/2019 Funding Year: 2018

Health Care Provider (HCP) Name: South Georgia Medical Center Consortium

HCP Number:

42093

HCP Contact Name:

Jason Dorminy

HCP Contact Email:

jason.dorminy@sgmc.org

HCP Contact Phone:

(229) 333-1162

FCC Form 461 Application Number: 100028014

Funding Request Number:

18435191

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed its review of the FCC Form 462 Healthcare Connect Fund Funding Request Form (Form 462) and the supporting information submitted by the HCP named above. Based on the information provided, RHC has determined that the HCP is eligible for the funding estimated below. It is the HCP's responsibility to review this FCL and verify that all information is accurate.

Total Committed Funding:

\$12,640.25

HCP Physical Location:

2501 N. Patterson Street, Valdosta, GA 31602

Service Provider Name:

MCC Telephony, LLC

Service Provider Identification Number (SPIN): 143029836

Multiple Expense Information

Expense Item	Date	Funding End Date	Exheuse	Undiscounted Non- Recurring Expense	Recurring Funding Amount	runaing	Total Funding Amount	Committed Funding Amount
		9/25/2018			\$4.700.00	Amount		
2	7/20/2018	9/25/2018	\$2,500.00	77	\$4,702.20	\$0.00	\$4,702.20	\$4,702.20
3	7/20/2019	9/25/2018	+-,+-00.00	\$0.00	\$3,608.20		\$3,608.20	
	7/20/2016	9/25/2018		\$0.00	\$2,164.92			
	//20/2018	9/25/2018	\$1,500.00	\$0.00	\$2,164.92		\$2,164.92	

There is no pro-rata factor for this filing window period. Committed funding amount is 100% of total

This funding request was submitted during FY2018 Filing Window 1. All qualifying requests submitted within the filing window period will receive a pro-rated percentage of the total funds available during FY2018 Filing Window 1 based on the total amount of qualifying funding requested during the filing window period. For each filing window period, if the total demand for RHC Program funding exceeds the total remaining funding available for the fund year, USAC will apply a pro-rata factor to each funding request. Learn more about funding request filing window periods here.

Exhibit B



sgmc.org

Date 1-22-18

Dear Mr. Geoff Boggs:

This letter grants USF Healthcare Consulting, Inc. (USFHC)¹, the authority to file for the Telecommunications Services Program, Internet Access Program, and Healthcare Connect Fund programs on behalf of South Georgia Medical Center (HCP). This LOA covers the period of July 1, 2017 through June 30, 2020.

This authority covers the locations listed on "Attachment A" of this document and any locations that may be added between now and the expiration of this letter. HCP may update this 3rd Party Authorization by revising the entities listed on Attachment A. All are owned and operated by HCP.

The HCP understands and accepts all potential liabilities from errors, omissions, or misrepresentations of the forms or documents submitted by USFHC. The HCP understands that the funding decisions made by USAC as a result of the representations made during the funding process by USFHC bind the HCP. The HCP also understands that it is subject to all Rural Health Care program rules and requirements including 47 C.F.R.54.601 et. seq.²

Regards,	0000
Signature (int that
Printed Name	Robert C. Faster
Title	<u>CTO</u>
Phone	229.333, 1170
Email	brosteralsque org
Address	2501. N. Patterial SI
	Valdest CA 3/4012

¹ USF Healthcare Consulting Contact Information—Geoff Boggs <u>Gboggs@uasave.com</u>; Elizabeth Goodknight <u>egoodknight@uasave.com</u>, Dotty Pendygraft <u>dpendygraft@uasave.com</u> (502) 228-1907; P.O. Box 326, Prospect, Kv. 40059

² Regarding eligibility of healthcare providers, primarily public or non-profit healthcare providers. Letter of Authority for USF Healthcare Consulting, Inc.

Attachment A

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HCP#	HCP Name	Street	City	County	Stat Zin	Zin
15143	South Georgia Madical Contact			(a) (b)	ğ)	<u>.</u>
	constant control control - ranier campus	116 West Thigpen Avenue	Lakeland	Lanier	GA	31635
17386	South Georgia Medical Center - Berrien Campus	1221 McPherson Av	Nashville	Berrien	GA	31639
41869	South Georgia Medical Center	2501 N Patterson St	Valdosta	Lowndes	GA	31602
41870	South Georgia Medical Center - Smith Northview Campus	4280 N Valdosta Rd	Valdosta	rowndes	ď	31602
42093	South Georgia Medical Center Consortium	2501 N Patterson St	Valdosta	Lowndes	GA	31602

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